

43

COMMITTEE ON GOVERNMENT ASSURANCES (2016-2017)

SIXTEENTH LOK SABHA

FORTY-THIRD REPORT

REVIEW OF PENDING ASSURANCES PERTAINING TO THE
MINISTRY OF HEALTH AND FAMILY WELFARE
(DEPARTMENT OF HEALTH AND FAMILY WELFARE)

(Presented to Lok Sabha on 15 December, 2016)



**LOK SABHA SECRETARIAT
NEW DELHI**

December, 2016/Agrahayana, 1938 (Saka)

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LOK SABHA SECRETARIAT
NEW DELHI
December, 2016/Agrahayana, 1938 (Saka)

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COMPOSITION OF THE COMMITTEE ON GOVERNMENT ASSURANCES*
(2016-2017)

Dr. Ramesh Pokhriyal "Nishank" — *Chairperson*

MEMBERS

2. Shri Rajendra Agrawal
3. Shri E. Ahamed
4. Shri Anto Antony
5. Shri Tariq Anwar
6. Prof. (Dr.) Sugata Bose
7. Shri Naranbhai Bhikhabhai Kachhadia
8. Shri Bahadur Singh Koli
9. Shri Prahlad Singh Patel
10. Shri A.T. Nana Patil
11. Shri C.R. Patil
12. Shri Sunil Kumar Singh
13. Shri Tasleemuddin
14. Shri K.C. Venugopal
15. Shri S.R. Vijay Kumar

SECRETARIAT

1. Shri R.S. Kambo — *Additional Secretary*
2. Shri J.M. Baisakh — *Director*
3. Shri S.L. Singh — *Deputy Secretary*

*The Committee has been re-constituted *w.e.f.* 01 September, 2016 *vide* Para No. 4075 of Lok Sabha Bulletin Part-II, dated 05 September, 2016.

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14. Shri K.C. Venugopal
15. Shri S.R. Vijay Kumar

SECRETARIAT

1. Shri R.S. Kambo — *Joint Secretary*
2. Shri S.C. Chaudhary — *Director*
3. Shri T.S. Rangarajan — *Additional Director*
4. Shri S.L. Singh — *Deputy Secretary*

*The Committee has been re-constituted *w.e.f.* 01 September, 2015 *vide* Para No. 2348 of Lok Sabha Bulletin Part-II, dated 31 August, 2015.

INTRODUCTION

I, the Chairperson of the Committee on Government Assurances (2016-2017), have been authorized by the Committee to submit the Report on their behalf, present this Forty Third Report (16th Lok Sabha) of the Committee on Government Assurances.

2. The Committee (2015-2016) at their sitting held on 15 February, 2016 took oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) regarding pending Assurances from the 13th Session of 15th Lok Sabha to the 2nd Session of the 16th Lok Sabha.

3. At their sitting held on 14 December, 2016 the Committee (2016-2017) considered and adopted their Forty-Third Report.

4. The Minutes of the aforesaid sittings of the Committee form part of this report.

5. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in bold letters in the Report.

NEW DELHI;
14 December, 2016

23 Agraphayana, 1938 (Saka)

DR. RAMESH POKHRIYAL "NISHANK"
Chairperson,
Committee on Government Assurances.

REPORT

I. Introductory

The Committee on Government Assurances scrutinize the Assurances, promises, undertakings etc., given by the Ministers from time to time on the floor of the House and report the extent to which such Assurances, promises, undertakings have been implemented. Once an Assurance has been given on the floor of the House, the same is required to be implemented within a period of three months. The Ministries/Departments of Government of India are under obligation to seek extension of time required beyond the prescribed period for fulfillment of the Assurance. Where a Ministry/Department are unable to implement an Assurance, that Ministry/Department are bound to request the Committee for dropping it. The Committee consider such requests and approve dropping, in case, they are convinced that grounds cited are justified. The Committee also examine whether the implementation of Assurances has taken place within the minimum time necessary for the purpose and the extent to which the Assurances have been implemented.

2. The Committee on Government Assurances (2009-10) took a policy decision to call the representatives of various Ministries/Departments of the Government of India, in a phased manner, to review the pending Assurances, examine the reasons for pendency and analyze operation of the system prescribed in the Ministries/Departments for dealing with Assurances. The Committee also decided to consider the quality of Assurances implemented by the Government.

3. The Committee on Government Assurances (2014-2015) decided to follow the well established and time tested procedure of calling the representatives of the Ministries/Departments of Government of India, in a phased manner and review the pending Assurances. The Committee took a step further and decided to call the representatives of the Ministry of Parliamentary Affairs also as all the Assurances are implemented through them.

4. In pursuance of the *ibid* decision, the Committee on Government Assurances (2015-2016) called the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) and the Ministry of Parliamentary Affairs and examined the following 11 pending Assurances (Appendices —I to XI) pertaining to the Ministry at their sitting held on 15 February, 2016:—

Sl. No.	SQ/USQ No. dated	Subject
1.	USQ No. 1984 dated 08.03.2013	Commission for Human Resources in Health (Appendix-I)

Sl.No.	SQ/USQ No. dated	Subject
2.	USQ No. 5143 dated 26.04.2013	Migration of Psychiatrists (Appendix-II)
3.	USQ No. 1615 dated 16.08.2013	Scholarship/Stipends (Appendix-III)
4.*	USQ No. 3254 dated 30.08.2013	CGHS Wellness Centre (Appendix-IV)
5.	USQ No. 1290 dated 18.07.2014	Healthcare Scheme (Appendix-V)
6.	USQ No. 2353 dated 25.07.2014	Medi Claim Policy (Appendix-VI)
7.	USQ No. 2433 dated 25.07.2014	Corruption in Dental Council of India (Appendix-VII)
8.	USQ No. 2512 dated 25.07.2014	Essential Drugs (Appendix-VIII)
9.	USQ No. 1034 dated 28.11.2014	Essential Drugs (Appendix-IX)
10.	USQ No. 858 dated 27.02.2015	Essential Medicines (Appendix-X)
11.	USQ No. 4367 dated 08.08.2014	Setting up of Hospital in Delhi (Appendix-XI)

*Have since been fully implemented.

5. The Extracts from Manual of Practice and Procedure in the Government of India, Ministry of Parliamentary Affairs laying guidelines on the definition of an Assurance, the time limit for its fulfillment, dropping/deletion and extension, the procedure for fulfillment etc., besides maintenance of Register of Assurances and periodical reviews to minimize delays in implementation of the Assurances are reproduced at Appendix-XII.

6. During oral evidence, the Committee drew the attention of the representatives of the Ministry to the long pendency in the fulfilment of the 11 Assurances and enquired about the system of reviewing the pending Assurances in the Ministry, compliance of the provisions of the Manual of Practice and Procedure in the Government of India and coordination with the Ministry of Parliamentary Affairs in this regard. In evidence, the Secretary, Ministry of Health and Family Welfare (Department of Health and Family Welfare) stated:—

“All the Assurances are monitored by the Parliament section which keeps in regular touch with various Additional Secretaries. We have sittings with other office bearers every Monday in which all the subjects related to

Parliament including Assurances are discussed. We have increased activity on this front”.

7. Subsequently, two Assurances mentioned at Sl. Nos. 1 and 2 have since been fully implemented on 10.08.2016 and 04.05.2016 while another 04 Assurances mentioned at Sl. Nos. 6, 8, 9 and 10 have been fully implemented on 09.03.2016.

Observations/Recommendations

8. The Committee note that out of 11 Assurances three Assurances mentioned at Sl. Nos. 8, 9, and 10 have since been implemented while the Assurances mentioned at Sl. Nos. 1, 2, 3, and 4 have been pending for three years and the remaining four Assurances mentioned at Sl. Nos. 5, 6, 7 and 11 are pending for One year and Six months. The inordinate delay in fulfillment of Assurances certainly hints at inadequate monitoring and follows up action on the part of the Ministry. The analysis of the pending assurances also reveals that the existing mechanism put in place by the Ministry for review of the assurances especially those involving other Ministries/Departments and stakeholders is far from effective. The Committee recognize that though there is improvement in the system, sustained efforts need to be made to reduce the extent of pendency and curtail delay in fulfillment of Assurances by the Ministry. The Committee observe that the Ministry lacks the system to co-ordinate and negotiate with other Ministries/Departments. The Committee also observe that lack of coordination between the Ministry of Health and Family welfare and the Ministry of Parliamentary Affairs, the nodal Ministry, is one of the reasons behind delays in fulfilment of certain Assurances. The Committee, therefore, desire that the Ministry of Health and Family welfare should adopt a proactive and systematic approach and build up the level of co-ordination with other Ministries/Departments concerned and stakeholders for prompt and timely implementation of all the pending Assurances as well as the Assurances to be made in future.

II. Review of Pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare)

9. In the succeeding paragraphs, the Committee have dealt with pending Assurances pertaining to the Ministry of Health and Family Welfare.

A. Scholarships/Stipends to Medical Students

10. In reply to USQ No. 1615 dated 16.08.2013 regarding 'Scholarships/Stipends to Medical students' (Annexure-III), it was stated that the Ministry do not have any scheme/programme to provide scholarships/Stipends to the students pursuing medical education in the country. However, information in respect of other Ministries is being collected.

11. In their Status Note, the Ministry of Health and Family Welfare apprised the position in this regard as under:—

“Since no such scheme/programme to provide scholarships/stipends to the students pursuing medical education is implemented by this Ministry, the

Ministry of Social Justice and Empowerment, Ministry of HRD, Ministry of Minority Affairs and Ministry of Science and Technology were requested for information. The information in respect of Ministry of Social Justice and Empowerment and Ministry of Minority Affairs has been received. However, the information from Department of Higher Education (Ministry of Human Resource Development) and Ministry of Science and Technology has not been received so far, even after repeated reminders. As such, this Ministry has no scheme/programme for stipend/scholarship in the field of medical education.”

12. During oral evidence, the Secretary, Ministry of Health and Family Welfare informed that:—

“We do not have any scheme to provide scholarships/Stipends, Minority Affairs, Higher Education and Social Justice provide scholarships/Stipends. Information from two Departments has been received. Information has not been received from the other two Departments.”

Observations/Recommendations

13. The Committee are constrained to note that the Assurance given in reply to USQ 1615 dated 16.08.2013 still remains to be fulfilled even after a lapse of more than three years. The Committee have been informed that information from two Ministries (i.e. Ministry of Social Justice and Empowerment and Ministry of Minority Affairs) has been received. The information from the remaining two Ministries (i.e. Ministry of Science and Technology and Ministry of Human Resource Development) is yet to be received. The Committee observe that the assurance was limited to collect and collate simple information from other Departments and lay it in the House. However the Ministry of HRD failed to do the same even after a lapse of three years. This speaks of absolute lack of co-ordination amongst the Ministries in the Government of India. The Committee desire that the requisite information may be collected from the two Ministries i.e. Ministry of Human Resource Development and Ministry of Science and Technology and laid in the House in the next session of Parliament positively.

***B. CGHS Wellness Centre**

14. In reply to USQ No. 3254, dated 30.08.2013 regarding 'CGHS Wellness Centre' (Annexure-IV), it was stated as under:—

“Representations regarding anomaly in grade pay of radiographers working in CGHS, Delhi have been received recently. The representations have been considered and action has already been initiated. No timeframe can be given for settlement of the issue as it requires consultation with DoPT.”

15. In their Status Note, the Ministry of health and Family Welfare apprised the position in this regard as under:—

* Have since been fully implemented.

“The representations have been examined and show cause notices are being issued to the radiographers who had been inadvertently granted higher grade pay.”

16. In this regard, the Additional Secretary and DG deposed before the Committee during evidence as under:—

“It was a minor matter. A radiographer informed that he was being paid a lesser amount as compared to his two colleagues. The Department of personnel was asked to furnish their comments. There was some delay on their part as the file got misplaced. However, last years in May-June, they told us to seek advice from Department of Expenditure as the matter was not their concern. When the Department of Expenditure was consulted, during the probe, it came to light that the matter was actually the concern of our Ministry only. What took place in 2013 was wrong. We have given the notice to the individual that the pay would be fixed again in a fair manner.”

17. The Secretary, Ministry of Health & Family Welfare added:—

“While coming to this meeting, I saw the file. What was done was wrong and we need to withdraw it.”

18. To a pointed enquiry as to who is to be held responsible for this fault, the Secretary deposed during evidence as under:—

“I will fix the responsibility and inform you separately. Otherwise, it has to be withdrawn.”

19. The Additional Secretary and DG further stated:—

“Sir this thing is not about basic pay. It's a matter of Ensured Career Progression which was to be provided after Sixth Pay Commission. MACP which was to be given later, was given before hand. It was prepared by an officer's Committee of Delhi Directorate of CGHS. We will seek response from them.”

20. The Committee then asked as to the time by which action would be taken on the matter. To this the Additional Secretary and DG replied as under:—

“Sir, we have given 15 days notice. As soon as the reply of notice comes, we will start initiating the action. We will fix the right pay once the reply is received.”

Observations/Recommendations

21. The Committee are distressed to note that an Assurance given in reply to USQ No. 3254 dated 30.08.2013 regarding "CGHS wellness centres" is pending for implementation even a lapse of three years despite the fact that the task involved is only fixing the pay of its officials which is an internal matter of the Ministry. The Secretary of the Ministry conceded in evidence that the matter was wrongly

referred to DoPT and Ministry of Finance. The Ministry are stated to have initiated corrective action in this regard. The Committee desire that right pay of the aggrieved official be fixed at the earliest.

C. Healthcare Scheme

22. In reply to USQ No. 1290 dated 18.07.2014 regarding 'Health care Scheme (Appendix-V), it was stated that a Group has been constituted for preparing a comprehensive background paper for this purpose.

23. In their Status Note, the Ministry of Health and Family Welfare appraised the position regarding the Assurance as under:—

“Department of Expenditure has stated that Health Assurance, a new scheme in the form of restructured RSBY (Rashtriya Swasthya Suraksha Yojana) has already been recommended. The proposal is under consideration and might take some time.”

24. In this regard, the Secretary, Health and Family Welfare deposed before the Committee during oral evidence, as under:—

“Health Insurance also forms parts of this comprehensive background paper. A proposal is making its way to the computing Authority formed. Today there was a meeting of Group of Ministers.”

25. The Committee then required about the statement of Department of Expenditure that a new scheme namely Health Assurance has already been recommended. To this the Secretary Health and Family Welfare responded as under:—

“Today there was a meeting of Group of Ministers. This will be quick.”

Observations/Recommendations

26. The Committee note that an Assurance given in reply to USQ No. 1290 dated 18.07.14 regarding “Healthcare Scheme” is yet to be fulfilled despite a lapse of 2 years and 6 months. The Committee have been informed that the matter was being actively considered by the Government. The Committee stress the need to pursue the matter vigorously in view of the likely contribution of Rashtriya Swasthya Suraksha Yojana (RSSY) to the welfare of needy and underserved as the Yojana particularly aims at correcting the imbalances in the availability of affordable health care services in different parts of the country and augmenting facilities for quality medical education in the underserved States in particular. The Committee further urge upon the Ministry to step up their efforts to ensure prompt implementation of Assurance.

D. Corruption in Dental Council of India

27. In reply to USQ No. 2433 dated 25.07.2014 regarding 'Corruption in Dental Council of India' (Annexure-VII), it was stated that this matter has been under active examination of CBI against Dental Council of India in respect of Awadh

Dental College and Hospital, Jamshedpur (Jharkhand) for running MDS courses and enhancing seats in the BDS courses. It was further stated that the Central Government has constituted a Committee of Experts in the field of Dentistry. Besides other things, the Committee would give recommendations regarding the structure, governance, method and functions of Dental Council of India (DCI).

28. In their Status Note, the Ministry apprised the position regarding implementation of the Assurance as under:—

“The vigilance Section of the Ministry was requested for furnish the status of the case filed by CBI, however, information was still awaited. The report of the committee is being examined in the Ministry. The Vigilance Section of the Ministry informed that the present case against Dr. Anil Kohli, former president DCI, and in respect of Awadh Dental College and Hospital Jamshedpur (Jharkhand) called from CBI is awaited and the status furnished by Vigilance Section remains unchanged wherein they informed that CBI had not yet furnished any report, highlighting any irregularities on part of DCI or other. As far as Committee is concerned it has submitted its report which is under consideration in consultation with other stakeholders including State Governments.”

29. In this regard, the representative of the Ministry of Health and Family Welfare deposed before the Committee during oral evidence as under:—

“There are two individual cases in the matter *i.e.* one against the then President of DCI and second against an institution *i.e.* Awadh Dental College and Hospital, Jamshedpur (Jharkhand), Regarding the former, CBI has not yet furnished any report. However, CBI has informed that they would be sending as self contained note regarding Awadh Dental College. This was one matter. The other matter is regarding bringing changes in the system of DCI to avoid corruption. In this regard, the Committee of experts in the field of dentistry has submitted its report which is under consideration with other stakeholders including the State Government. At the background of Committee's recommendations we intend to bring a new legislation.”

30. During evidence, the Committee enquired as to whether the Ministry conducts regular meeting with CBI along with the time by which the report of CBI is likely to be furnished. The Secretary, Health and Family Welfare replied as under:—

“CBI has not submitted any report in respect of President, DCI and Awadh Medical College.”

31. The Committee further enquired about the follow-up action taken by the Ministry on the aforesaid matter, to this, the representative of Health and Family Welfare deposed as under:—

“We conduct regular follow-up and meetings in this regard.”

Observations/Recommendations

32. The assurance contained two individual cases, viz. one is a case against the then President of DCI and the second case is against an institution *i.e.* Awadh Dental College and Hospital, Jamshedpur, (Jharkhand). Regarding the former, CBI is yet to furnish any report. CBI was to submit a self-contained note regarding Awadh Dental college. The other matter contained in the Assurance relates to bringing changes in DCI to bring down corruption. The Committee have been informed that an expert Committee has submitted a report on the issue and based on the recommendations, the Ministry propose to bring out a new legislation. The Committee desire that steps be taken to expedite the corruption case by CBI and the Ministry should endeavour to bring a new legislation to wipe out corruption at DCI.

E. Setting up of Hospitals in Delhi

33. In reply to USQ No. 4376 dated 8.8.2014 regarding 'setting up Hospitals in Delhi' (Annexure-XI), it was stated that Health Department, Government of NCT of Delhi is seized of the matter in connection with examination of preliminary estimates of Rs. 180 crores for this Hospital project. No time frame can be given as administrative approval of the project is yet to be accorded.

34. In their Status Note, the Ministry of Health and Family Welfare apprised the position in this regard as under:—

“In this regard, the Government of NCT of Delhi, *vide* letter dated 28.10.14 and subsequent reminders dated 26.12.2014, 20.1.2015, 19.02.2015, 24.03.2015, 24.08.2015, 16.10.2015 and 13.01.2016 have been requested to expedite the reply and the reply is yet to be received.”

35. During oral evidence, the representative of the Department of Health and Family Welfare stated:—

“I have the reply but I am sorry to say that information about the communication is not there in the file. The present scenario is that in 2008, it was proposed to create a 200 bed hospital and a new Committee has been formed to redesign the project with a view to increasing the number of beds in the hospital and the Committee is expected to give its report by March 31, 2016. Consequent upon the report of the Committee, the PWD Department will undertake the financial estimate of the project and thereafter tender would be floated and construction of Hospital would be started.”

36. On being asked as to why no response/reply was given despite receiving a number of letters, the Director, Health and Family Welfare replied as under:—

“Sir we received a reply wherein they have stated that project which goes beyond Rs. 10 crore has to be sent for review.”

37. The representative of the Ministry of Health and Family Welfare further added in this regard:—

“We have replied but that was only one letter. I don't have any other letter. I will check the records but I don't think I have any other communication.”

38. The Committee then specifically enquired about the status of 7 letters sent by the Department. To this, the Joint Secretary, Health and Family Welfare replied as under:—

“Sir a reply was sent on 06.08.2014 wherein it was communicated that the construction has started. Thereafter, with arrival of new Government it was decided that programmes exceeding Rs. 10 crores would be examined Ground Zero. When the aforesaid project was examined, it was decided that instead of 200 bed hospital, the number of beds need to be increased. For this purpose a Committee has been set up which is likely to give its report by 31.03.2016 consequent upon the report of the Committee, the tendering process would star.”

Observations/Recommendations

39. In respect of the Assurance, the Committee have been informed that in the year 2008, it was proposed to create a 200 bed hospital and a new Committee has been formed to redesign the project and the Committee is yet to submit report. Consequent upon submission of report, the tendering process would start. The Committee Express displeasure over the fact that ground work is yet to be done for construction of hospital in NCT of Delhi. Stressing the significance of the project, the Committee urge upon the Ministry to take all necessary steps for fulfilling the Assurance.

III. Implementation Reports

40. As per the Statements of the Ministry of Parliamentary Affairs, Implementation Reports in respect of the Assurances given in the reply to the following SQs/USQs have since been laid on the Table of the House on the dates as mentioned against each:—

Sl. No. 1	USQ No. 1984 dated 08.03.2013 regarding 'Commission for Human Resources in Health'	10.08.2016
Sl. No. 2	USQ No. 5143 dated 26.04.2013 regarding 'Migration of Psychiatrists'	04.05.2016
Sl. No. 8	USQ No. 2353 dated 25.07.2014 regarding 'Medi Claim Policy'	09.03.2016
Sl. No. 8	USQ No. 2512 dated 25.07.2014 regarding 'Essential Drugs'	09.03.2016
Sl. No. 9	USQ No. 1034 dated 28.11.2014 regarding 'Essential Drugs'	09.03.2016
Sl. No. 10	USQ No. 858 dated 27.02.2015 regarding 'Essential Medicines'	09.03.2016

NEW DELHI;
14 December, 2016
23 Agrahayana, 1938 (Saka)

DR. RAMESH POKHRIYAL "NISHANK"
Chairperson,
Committee on Government Assurances.

APPENDIX I

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO. 1984

ANSWERED ON 8.3.2013

Commission for Human Resources in Health

1984. SHRIGANESH SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the steps taken/proposed by the Government to improve the quality of medical, dental and nursing education in the country over the last few years;

(b) whether the Government has proposed to set up the National Commission for Human Resources in Health (NCHRH) for the purpose; and

(c) if so, the details and the present status thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The process of improvement in the quality of medical, dental and nursing education is a continuous process and respective professional councils are responsible for maintaining high standards of education in their respective fields and these councils continuously assess the need to enhance standards of education and training of respective professions in the country. Based on these assessments, amendments are carried out in relevant regulations on need basis. Few of the steps taken by these councils are as under:—

- (i) Medical Council of India has made it mandatory for all medical colleges to establish medical education units or departments in order to enable faculty members to avail modern education technology for teaching;
- (ii) Dental Council of India has re-introduced internship programme in dentistry and made attachment with medical college compulsory for establishment of new dental colleges;
- (iii) Strengthening of pre-service education of Auxiliary Nurse Midwife (ANM) programme in the form of National Nodal Centre and State Nodal Centre and revision of syllabus of nursing programmes by Indian Nursing Council.

(b) & (c) The Central Government introduced the NCHRH Bill, 2011 in the Rajya Sabha on 22nd December 2011, which referred the Bill to the Department related Parliamentary Standing Committee on Health and Family Welfare for examination. The Committee has submitted its report in October, 2012 and has *inter-alia* recommended the Ministry to withdraw the Bill and bring forward a fresh Bill after sufficiently addressing all the views, suggestions and the concerns expressed by various stakeholders. The recommendations of the Committee are being examined in the Ministry.

APPENDIX II

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 5143
ANSWERED ON 26.4.2013

Migration of Psychiatrists

5143. SHRITUFANI SAROJ:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of psychiatrists along with the number of them registered in the country during each of the last three years and the current year, State/UT-wise;

(b) the number of psychiatrists presently employed in the Government and private medical colleges/hospitals in the country, State/UT-wise;

(c) whether a number of psychiatrists have migrated to foreign countries on the pretext of higher studies and study leave;

(d) if so, the details thereof indicating the number of such migration of psychiatrists reported, particularly from the All India Institute of Medical Sciences (AIIMS) and Dr. Ram Manohar Lohia Hospital, New Delhi during the said period; and

(e) the corrective measures being taken by the Government in this regard?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (e) Information is being collected and will be laid on the Table of the House.

APPENDIX III

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 1615
ANSWERED ON 16.8.2013

Scholarship/Stipends to Medical Students

1615. SHRI BADRI RAM JAKHAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is implementing any scheme/programme to provide scholarships/stipends to the students pursuing medical education in the country;

(b) if so, the details thereof; and

(c) the number of medical students including those belonging to the minority communities benefited thereunder during each of the last three years and the current year, State/UT-wise?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) This Ministry does not have any scheme/programme to provide scholarships/stipends to the students pursuing medical education in the country. However, information in respect of other Ministries is being collected.

APPENDIX IV

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 3254
ANSWERED ON 30.08.2013

CGHS Wellness Centre

3254. SHRI KISHNBHAI V. PATEL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether all the Central Government Health Scheme (CGHS) wellness centres in the country are equipped with X-ray machines;
- (b) if so, the details in this regard;
- (c) the number of such machines working as on date;
- (d) whether the Government has received any representations regarding anomalies of grade pay between radiographers working in such wellness centres;
- (e) if so, the details thereof; and
- (f) the time by which such anomalies among the radiographers are likely to be removed?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) X-ray machines have been installed in some dispensaries/Poly clinics/First Aid Posts in the following cities:

Name of City	No. of total machines	No. of machines working
Bangalore	1	1
Chennai	2	1
Jaipur	1	0
Hyderabad	1	1
Mumbai	1	1
Kolkata	1	0
Delhi	4	2
Total	11	6

(d) to (f) Representations regarding anomaly in grade pay of radiographers working in CGHS, Delhi have been received recently. The representations have been considered and action has already been initiated. No timeframe can be given for settlement of the issue as it requires consultation with DoPT.

APPENDIX V

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 1290
ANSWERED ON 18.07.2014

Healthcare Scheme

1290. SHRIN.K. PREMACHANDRAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government proposes to introduce an integrated and comprehensive scheme to ensure a holistic approach towards healthcare in the country;
- (b) if so, the details thereof;
- (c) the details of the beneficiaries likely to be covered under the scheme; and
- (d) the details of various types of assistance *viz.* financial, technical etc. likely to be provided to the States under the scheme?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) Yes.

(b) to (d) A Group has been constituted for preparing a comprehensive background paper for this purpose.

APPENDIX VI

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 2353
ANSWERED ON 25.07.2014

Mediclaime Policy

2353. SHRI BISHNU PADARAY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the Government servants and Below Poverty Line (BPL) patients from Andaman and Nicobar Islands separately referred by the Health Department to mainland for treatment in specialized hospitals during each of the last three years and the current year;

(b) the details of expenditure incurred thereon separately during the above said period;

(c) whether the Government proposes to introduce mediclaime policy scheme for the Andaman and Nicobar islands;

(d) if so, the details thereof and the time by which it is likely to be introduced; and

(e) if not, the reasons therefor?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) As informed by the Andaman and Nicobar Administration, the details of the number of Government servants and Below Poverty Line (BPL) patients referred to mainland are given below:—

Year	Number of Government Servants	Number of Patients Below Poverty Line (BPL)
2012	624	30
2013	623	32
2014 (up to 22.7.2014)	329	33

The details of expenditure incurred on BPL patients are given below:—

Year	Number of Patients Below Poverty Line (BPL)	Expenditure incurred
2012	25	26,66,129
2013	26	27,27,592
2014 (up to 22.7.2014)	13	15,13,485

Expenditure bills in respect of 5 patients during 2012, 06 patients during 2013 and 20 patients during 2014 have not been submitted by the Medical Institute concerned. Expenditure in respect of Government servant, who are referred to mainland are met by the Department concerned, where the Government servant is employed.

(c) to (e) Yes. The proposed scheme envisages cashless treatment of referred patients in the recognized/listed hospitals in the mainland and their travel expenses. Beneficiaries to be enrolled by the Insurance company subject to eligibility, include:

- (i) Below Poverty Line (BPL)/Antyodaya Anna Yojana (AAY) card holders.
- (ii) Pensioners/retired employees of Andaman & Nicobar Islands Administration.
- (iii) Permanent residents of A&N Islands with income upto Rs. 3.00 lakhs per annum.

In order to examine all issues pertaining to introduction of Health Insurance Scheme in the islands, the Administration has constituted a committee with the condition to submit its report within one month.

APPENDIX VII

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 2433
ANSWERED ON 25.07.2014

Corruption in Dental Council of India

2433. SHRI YOGIADITYANATH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government has taken note of reported alleged cases of corruption, malpractices and irregularities in the Dental Council of India (DCI) in the country;
- (b) if so, the details thereof during the last three years and the current year;
- (c) the action taken by the Government against the erring officials; and
- (d) the steps taken/proposed to be taken by the Government to bring transparency in the functioning of DCI?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) to (c) The Central Government on receipt of complaint against Dental Council of India seeks comments of Dental Council of India and other concerned authorities and thereafter the case is forwarded to Vigilance Division for appropriate action. During the last three years and the current year, a case against Dr. Anil Kohli, former President of DCI was registered by CBI regarding recognition granted to various Dental Colleges. CBI had conducted searches in respect of members of Dental Council of India and Dental Colleges during the month of January, 2013. Detail of the same is at **Annexure-I**. CBI has also registered 2 cases against members of Dental Council of India and private persons. The details of these 2 cases are at Annexure-II. Further another matter has been under active examination of CBI against Dental Council of India in respect of Awadh Dental College and Hospital, Jamshedpur (Jharkhand) for running MDS courses and enhancing seats in the BDS Courses.

(d) In August, 2013, the Central Government has constituted a Committee of Experts in the field of Dentistry to review various aspects of Dentistry Education including restructuring of Dental Council of India. Besides other things, the Committee would give recommendations regarding the structure, governance, method and functions of Dental Council of India.

ANNEXURE I

Details of searches conducted by CBI

(A) Member of Dental Council of India

- (i) The Residential and Office premises of Dr. S. Murugesan, Member of Dental Council of India, Tamil Nadu on 08.01.2013.
- (ii) The Clinic and Trust Office of Dr. Gunaseelan R. on 13.01.2013.

(B) Member of Executive Committee of Dental Council of India

- (i) Residential premises of Dr. Sathesh Kumar Reddy, Member of Executive Committee of DCI on 23.01.2013.
- (ii) Residential premises of Dr. Jayakar, Member of Executive Committee of DCI on 23.01.2013.
- (iii) Dr. Bharat Shetty, Member of Executive Committee of DCI on 23.01.2013.

(C) Dental Colleges

- (i) Office premises of M/s Adhiparasakthi Dental College on 08.01.2013.
- (ii) Office and College premises of J.K.K. Nataraja Dental College and Hospital, Komarapalayam, Namakkal Distt. Tamil Nadu on 23.01.2013.
- (iii) Office and College premises of M/s Thai Moogambigai Dental College & Hospital, Chennai, Tamil Nadu on 23.01.2013.
- (iv) Office and College premises of M/s Asan Memorial Dental College & Hospital, Chennai in Tamil Nadu on 23.01.2013.

(D) Private Persons

- (i) Residence of Smt. Annesha Banu on 08.01.2013.
- (ii) Residence of Smt. S. Srilekha of M/s Adhiparasakthi Dental College on 21.01.2013.

Details of cases registered by CBI against DCI members and private persons

- (i) **RC MA1 2013 A 0001**— The case was registered on 08.01.2013 against Dr. S. Murukesan (A-1), Member, Dental Council of India (Public servant), M/s Adhiparasakthi, Dental College & Hospital, (A-2) (Private college), Smt. S. Srilekha (A-3), Managing Director of A-2, Shri K. Ramabadrans (A-4), Administrative Officer of A-2, R. Karunanidhi (A-5), Shri T. Palani (A-6)-(A-3 to A-6 are all private individuals) and unknown public servants of Dental Council of India for the commission of offence u/s 120-B IPC and Sec. 7 & 12 & 13(2) r/w 13(1) (d) of P.C. Act, 1988.
- (ii) **RC MA1 2013 A 0004** — The case was registered on 08.02.2013 against Dr. S. Murukesan (A-1), Dr. Gunaseelan R. (A-2) both DCI Members- public servants, Dr. Gautham Babu (A-3) E.D. of M/s. Asan Memorial Educational Institutions, Chennai and Smt. S. Shyamala Jayaprakash (A-4) General Secretary, Asans Memorial Educational Institutions, A-3 & A-4 private individuals u/s 120-B IPC and Sec. 7, 12 & 13(2) r/w 13(1)(d) of P.C. Act, 1988 for the offences committed in the matter of arranging approval for M/s Thai Moogambigai Dental College, Chennai, M/s. J.K.K. Nataraja Dental College, Namakkal, M/s. Hitkarni Dental College, Jabalpur and M/s Asan Memorial Dental College, Chennai from Dental Council of India.

APPENDIX VIII

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 2512
ANSWERED ON 25.07.2014

Essential Drugs

2512. SHRI RAJESH RANJAN:
SHRIMATI RANJEET RANJAN:
SHRI VENKATESH BABU T.G.:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of drugs enlisted as essential or life saving drugs in the country;
- (b) whether casualties on account of shortage of certain essential or life saving drugs have been reported in the country in the recent past;
- (c) if so, the details thereof along with the corrective measures taken/proposed to be taken by the Government in this regard;
- (d) whether the Government proposes to declare more number of drugs as essential or life saving drug in the country; and
- (e) if so, the details thereof?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHANA): (a) Presently, 348 medicines have been included in the National List of Essential Medicines (NLEM), 2011.

(b) No.

(c) Does not raise.

(d) and (e) The Government has already entrusted the work of revision of the NLEM, 2011 to a technical committee of experts under the Chairmanship of the Secretary, Department of Health Research & Director General, Indian Council of Medical Research (ICMR).

APPENDIX IX

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 1034
ANSWERED ON 28.11.2014

Essential Drugs

1034. SHRI C.S. PUTTARAJU:
SHRI M. MURALI MOHAN:
DR. P. VENUGOPAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the criteria to declare drugs as essential or life saving along with the number of such enlisted drugs in the country;

(b) whether shortage of certain essential or life saving drugs including Human Serum Albumin (HSA) have been reported in Delhi and certain other parts of the country;

(c) if so, the details thereof and the reasons therefor along with the corrective measures taken/proposed to be taken by the Government to overcome the problem;

(d) whether the Government has received any representation in this regard and if so, the details thereof; and

(e) the time by which the Government proposes to declare more number of drugs as essential or life saving drugs in the country?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) The essential medicines or life saving drugs have not been defined in the Drugs and Cosmetics Act, 1940 and Rules made thereunder. However, essential medicines, as termed in the National List of Essential Medicines (NLEM), 2011 are those that satisfy the priority healthcare needs of majority of the population. NLEM, 2011 contains 348 essential medicines.

(b) to (d) The Department of Pharmaceuticals monitors the shortages and availability of drugs on the basis of monthly reports received from States Drug Control Administration. That Department has informed that reports on short supply of certain medicines including Human Serum Albumin (HSA) were received by the

National Pharmaceutical Pricing Authority (NPPA). Besides, during the current year, two reports/representations regarding shortage of HSA have also been received from Delhi and Chandigarh by the Central Drugs Standard Control Organization.

The NPPA has issued Notification No. S.O. 2292(E) dated 09.09.2014 directing all the manufacturers/importers/marketing companies of the drugs reported to be in short supply to submit data about production/availability as also a compliance report for resolving their shortage in the country. In case of non-compliance of the directions, the manufacturers/marketers/importers are liable for penal action under the relevant provisions of Essential Commodities Act, 1955.

(e) In order to review and revise the National List of Essential Medicines (NLEM), 2011 the Government constituted a Core Committee of Experts on May 7, 2014 which will submit its report within six months from the date of its first meeting.

APPENDIX X

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 858
ANSWERED ON 27.02.2015

Essential Medicines

858. SHRI KODIKUNNIL SURESH:
SHRI LALLU SINGH:
SHRI CH. MALLAREDDY:
DR. SANJAY JAISWAL:
SHRI AJAY TAMTA:
SHRI R. DHRUVA NARAYANA:
SHRI SANJAY HARIBHAU JADHAV:
SHRI DUSHYANT CHAUTALA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of life saving drugs enlisted as essential along with the criteria therefor and the number out of them under price control;
- (b) whether the Government proposes to revise the National List of Essential Medicines (NLEM), 2011 and also bring in life saving medical devices under the said list in order to check their prices;
- (c) if so, the details thereof along with the number of medicines/devices identified to be included/excluded in/from the NLEM;
- (d) whether the Government has received any proposal for inclusion of certain cancer medicines in the NLEM, if so, the details thereof and the action taken/proposed to be taken by the Government thereon; and
- (e) whether the Government proposes to link availability of essential medicines under the National Health Assurance Mission and distribute them free of cost, if so, the details thereof and the financial and operation modalities worked out for the purpose?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) The essential or life saving drugs have not been defined under the Drugs and Cosmetics Act, 1940 and Rules thereunder. However, essential

drugs, as termed in the National List of Essential Medicines (NLEM), 2011 are the drugs that satisfy the priority healthcare needs of majority of the population. The NLEM, 2011 contains 348 essential medicines with 680 formulations. Currently, the prices of 509 formulations are regulated by the provisions made under the Schedule-I of the Drugs Price Control Order, 2013.

(b) and (c) NLEM, 2011 is proposed to be revised after extensive consultations with all concerned. Details in this regard have not been finalized as yet.

(d) During stakeholder consultations held by the National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals, a presentation was made for addition of certain anti-cancer drugs in the NLEM. NPPA has not recommended inclusion of these medicines in the NLEM keeping in view the complex nature of treatment and typical distribution channels of anti-cancer medicines.

(e) National Health Assurance Mission has not been finalized and launched as yet and therefore, the question does not arise.

APPENDIX XI

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
LOK SABHA UNSTARRED QUESTION NO. 4367
ANSWERED ON 8.8. 2014

Setting up of Hospital in Delhi

4367. SHRI B. SRIRAMULU:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a foundation stone for 200 beds hospital had been laid at Madipur in West Delhi in the recent past;

(b) if so, the details and the present status thereof; and

(c) the time by which construction of the said hospital is likely to be started?

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) to (c) Yes. Government of NCT of Delhi has informed that building plans for this hospital have been approved by statutory authorities like Delhi Urban Arts Commission (DUAC), Chief Fire Officer (CFO), Airport Authority of India (AAI), Municipal Corporation of Delhi (MCD), etc. Health Department, Government of NCT of Delhi is seized of the matter in connection with examination of preliminary estimates of Rs. 180 crores for this hospital project. No time frame can be give as administrative approval of the project is yet to be accorded.

APPENDIX XII
(Vide para 5 of the Report)

EXTRACTS FROM MANUAL OF PRACTICE & PROCEDURE IN THE
GOVERNMENT OF INDIA, MINISTRY OF PARLIAMENTARY AFFAIRS,
NEW DELHI

Definition.	<p>8.1 During the course of reply given to a question or a discussion, if a Minister gives an undertaking which involves further action on the part of the Government in reporting back to the House, it is called an 'assurance'. Standard list of such expressions which normally constitute assurances and as approved by the Committees on Government Assurances of the Lok Sabha and the Rajya Sabha, is given at Annexure 3. As assurances are required to be implemented within a specified time limit, care should be taken by all concerned while drafting replies to the questions to restrict the use of these expressions only to those occasions when it is clearly intended to give an assurance in these terms.</p> <p>8.2 When an assurance is given by a Minister or when the Presiding Officer directs the Government to furnish information to the House, it is extracted by the Ministry of Parliamentary Affairs from the relevant proceedings and communicated to the department concerned normally within 10 working days of the date on which it is given.</p>
Deletion from the list of assurances.	<p>8.3.1 If the administrative department has any objection to treating such a statement as an assurance or finds that it would not be in the public interest to fulfil it, it may write to the Lok/Rajya Sabha Secretariats direct with a copy to the Ministry of Parliamentary Affairs within a week of the receipt of such communication for getting it deleted from the list of assurances. Such action will require prior approval of the Ministry.</p> <p>8.3.2 Departments should make request for dropping of assurances immediately on receipt of statement of assurances from the Ministry of Parliamentary Affairs and only in rare cases where they are fully convinced that the assurances could not be implemented under any circumstances and there is no option left with them but to make a request for dropping.</p>

	Such requests should have the approval of their Minister and this fact should be indicated in their communication containing the request. If such a request is made towards the end of the stipulated period of three months, then it should invariably be accompanied with a request for extension of time. The department should continue to seek extension of time till a decision of the Committee on Government Assurances is received by them. Copy of the above communications should be simultaneously endorsed to the Ministry of Parliamentary Affairs.
Time limit for fulfilling an assurance.	8.4.1 An assurance given in either House is required to be fulfilled within a period of three months from the date of the assurance. This time limit has to be strictly observed.
Extension of time for fulfilling an assurance.	8.4.2 If the department finds that it is not possible to fulfil the assurance within the stipulated period of three months or within the period of extension already granted, it may seek further extension of time direct from the respective Committee on Government Assurances under intimation to the Ministry of Parliamentary Affairs as soon as the need for such extension becomes apparent, indicating the reasons for delay and the probable additional time required. Such a communication should be issued with the approval of the Minister.
Registers of assurances.	<p>8.5.1 The particulars of every assurance will be entered by the Parliament Unit of the department concerned in a register as a <i>Annexure 4</i> after which the assurance will be passed on the concerned section.</p> <p>8.5.2 Even ahead of the receipt of communication from the Ministry of Parliamentary Affairs, the section concerned should take prompt action to fulfil such assurances and keep a watch thereon in a register as at <i>Annexure 5</i>.</p> <p>8.5.3 The registers referred to in paras 8.5.1 and 8.5.2 will be maintained separately for the Lok Sabha and the Rajya Sabha assurances, entries therein being made session-wise.</p>
Role of Section Officer and Branch Officer.	<p>8.6.1 The Section Officer incharge of the concerned section will:</p> <p>(a) scrutinise the registers once a week;</p> <p>(b) ensure that necessary follow-up action is taken without any delay whatsoever;</p> <p>(c) submit the registers to the branch officer every fortnight if the House concerned is in session and once a month otherwise,</p>

Procedure for fulfilment of an assurance.	<p>drawing his special attention to assurances which are not likely to be implemented within the period of three months; and</p> <p>(d) review of pending assurances should be undertaken periodically at the highest level in order to minimise the delay in implementing the assurances.</p> <p>8.6.2 The branch officer will likewise keep his higher officer and Minister informed of the progress made in the implementation of assurances, drawing their special attention to the causes of delay.</p> <p>8.7.1 Every effort should be made to fulfil the assurance within the prescribed period. In case only part of the information is available and collection of the remaining information would involve considerable time, an implementation report containing the available information should be supplied to the Ministry of Parliamentary Affairs in part scrutinize of the assurance, within the prescribed time limit. However, efforts should continue to be made for expeditious collection of the remaining information for complete implementation of the assurance at the earliest.</p> <p>8.7.2 Information to be supplied in partial or complete fulfilment of an assurance should be approved by the Minister concerned and 15 copies thereof (bilingual) in the prescribed proforma as at <i>Annexure 6</i>, together with its enclosures, along with one copy each in Hindi and English duly authenticated by the officer forwarding the implementation report, should be sent to the Ministry of Parliamentary Affairs. If, however, the information being furnished is in response to an assurance given in reply to a question etc., asked for by more than one member, an additional copy of the completed proforma (both in Hindi and English) should be furnished in respect of each additional member. A copy of this communication should be endorsed to the Parliament Unit for completing column 7 of its register.</p> <p>8.7.3 The implementation reports should be sent to the Ministry of the Parliamentary Affairs and not to the Lok/Rajya Sabha Secretariats. No advance copies of the implementation reports are to be endorsed to the Lok/Rajya Sabha Secretariats either.</p>
Laying of the implementation.	<p>8.8 The Ministry of Parliamentary Affairs, after a scrutiny of the implementation report, will arrange to lay it on the Table of the House concerned. A copy of the statement, as</p>

report on the Table of the House.	laid on the table, will be forwarded by the Ministry of Parliamentary Affairs to the member as well as the department concerned. The Parliament Unit of the department concerned and the concerned section will, on the basis of this statement, make a suitable entry in their registers.
Obligation to lay a paper on the Table of the House <i>vis-a-vis</i> assurance on the same subject.	8.9 Where there is an obligation to lay any paper (rule/order/notification, etc.) on the Table of the House and for which an assurance has also been given, it will be laid on the Table, in the first instance, in fulfilment of the obligation, independent of the assurance given. After this is done, a report in formal implementation of the assurance indicating the date on which the paper was laid on the Table will be sent to the Ministry of Parliamentary Affairs in the prescribed proforma (<i>Annexure 6</i>) in the manner already described in para 8.7.2.
Committees on Government Assurances LSR 323,324 RSR 211-A.	8.10 Each House of Parliament has a Committee on Government Assurances nominated by the Speaker/Chairman. It scrutinized the implementation reports and the time taken in the scrutinized of Government assurances and focuses attention on the delays and other significant aspects, if any, pertaining to them. Instructions issued by the Ministry of Parliamentary Affairs from time to time are to be followed strictly.
Reports of the Committees on Government Assurances.	8.11 The department will, in consultation with the Ministry of Parliamentary Affairs, scrutinize the reports of these two committees for remedial action wherever called for.
Effect on assurances on dissolution of the Lok Sabha.	8.12 On dissolution of the Lok Sabha, all assurances, promises or undertakings pending implementation are scrutinized by the new Committee on Government Assurances for selection of such of them as are of considerable public importance. The Committee then submits a report to the Lok Sabha with a specific recommendation regarding the assurances to be dropped or retained for implementation by the Government.

MINUTES

**COMMITTEE ON GOVERNMENT ASSURANCES
(2015-16)**

(SIXTEENTH LOK SABHA)

**EIGHTH SITTING
(15.02.2016)**

The Committee sat from 1500 Hrs. to 1615 Hrs. in Committee Room "139", Parliament House Annexe, New Delhi.

PRESENT

Dr. Ramesh Pokhriyal 'Nishank' — *Chairperson*

MEMBERS

2. Shri Rajendra Agrawal
3. Shri Prahlad Singh Patel
4. Shri C.R. Patil
5. Shri Sunil Kumar Singh

SECRETARIAT

- | | | |
|-------------------------|---|----------------------------|
| 1. Shri R.S. Kambo | — | <i>Joint Secretary</i> |
| 2. Shri S.C. Chaudhary | — | <i>Director</i> |
| 3. Shri T.S. Rangarajan | — | <i>Additional Director</i> |
| 4. Shri S.L. Singh | — | <i>Deputy Secretary</i> |

WITNESSES

Ministry of Health and Family Welfare (Department of Health and Family Welfare)

1. Shri B.P. Sharma, Secretary, H&FW
2. Shri N.S. Kang, Additional Secretary & DG
3. Shri Anshu Prakash, Joint Secretary
4. Shri Ali Raza Rizavi, Joint Secretary
5. Shri K.L. Sharma, Joint Secretary
6. Shri Manoj Jhalani, Joint Secretary
7. Shri Oma Nand, Director

Delhi Government

1. Dr. Tarun Seem, Secretary (Health), Delhi Government
2. Dr. Arun Banerjee, Additional Director, Delhi Government

Ministry of Parliamentary Affairs

1. Shri Manoharan, Deputy Secretary
2. Shri A.B. Acharya, Under Secretary

At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them of the day's agenda. The Committee then took oral evidence of the representatives of the Ministry of Health and Family Welfare (Department of Health and Family Welfare) regarding pending Assurances from 13th Session of 15th Lok Sabha to 2nd Session of 16th Lok Sabha pertaining to the Ministry. The Committee reviewed all the 11 Assurances of the Ministry of Health and Family Welfare as mentioned below:—

(i) USQ No. 1984 dated 08.03.2013 regarding 'Commission for Human Resources in Health' (Sl. No. 1)

The Committee were informed that this Assurance pertains to the National Commission for Human Resources for Health (NCHRH) Bill, 2011 which was introduced in Rajya Sabha on 22.12.2011 and referred to the Departmentally Related Standing Committee on Health and Family Welfare of Parliament on 26.12.2011. The Committee in its Report recommended that the Ministry may redraw the bill and bring forward a fresh bill after sufficiently addressing all the views, suggestions and the concerns expressed by stakeholders. Accordingly, the Ministry introduced the Indian Medical Council (Amendment Bill), 2013 in Rajya Sabha and the bill was referred to the Departmentally Related Parliamentary Standing Committee of Parliament. The Committee in its report recommended some modifications in the bill. The Comments of the Ministry on the recommendations have already been sent to the Standing Committee. Meanwhile, the earlier Standing Committee has been dissolved with the formation of the New Government. Report of the newly constituted Parliamentary Standing Committee for Health and Family Welfare is awaited before further action taken by this Ministry. The Ministry further highlighted that the Assurance which pertains to the NCHRH Bill is now linked up with Medical Council of India Amendment Act. The Ministry apprised that the Committee examining the MCI Bill is going to furnish its report very soon and further stated that once the recommendations are given, the Ministry will contemplate upon both the NCHRH and the MCI Bill. The Committee highlighted the significance of this legislation since it concerns with the health aspects of the citizens of the country and directed the Ministry to furnish a part implementation report in the matter.

(ii) USQ. No. 5143 dated 26.04.2013 regarding 'Migration of Psychiatrists' (Sl. No. 2)

The Committee were informed that the Assurance pertains to information regarding the psychiatrists registered in the country and also the issue of migration of psychiatrists from premier institutions like AIIMS. The Ministry apprised the Committee that there is discrepancy between the data on doctors maintained by Medical Council of India and the various State Governments which caused the delay in furnishing the information desired by the Committee despite having a large organizational network. The register maintained by the MCI only mentions the name of the Doctors and doesn't mention the field of their specialization because of which the details of the Doctors cannot be exactly known resulting in non-furnishing of the information. The Committee were further informed that the Ministry have developed application in this regard which is on trial in four States. The functional challenges emerging out of the use of the application is being sorted out. The Committee were not convinced by the reply of the Ministry and raised the question of some larger conspiracy behind avoiding the column regarding the specialization of doctors in the data maintained by MCI so as to facilitate grant of licenses for private medical colleges to them. Taking strong exception to the inordinate delay in furnishing the requisite information and the wrong methodology being adopted in maintaining the data, the Committee cautioned that the MCI should not prevail over the Ministry and the final deadline for fulfillment of the Assurance is 31.03.2016. The Ministry assured the Committee that they would not take any further extension and would comply with the directions of the Committee. The Committee also directed the Ministry of Parliamentary Affairs to forward the Minutes of the review meetings being conducted for fulfillment of the Assurances with the respective Ministries to the Committee.

(iii) USQ No. 1615 dated 16.08.2013 regarding 'Scholarship/Stipends to Medical Students' (Sl. No. 3)

The Committee were informed that there is no such scheme/programme to provide scholarship/stipends to the students pursuing medical education by the Ministry. The information in this regard was sought from the Ministry of Social Justice and Empowerment, The Ministry of HRD, the Ministry of Minority Affairs and the Ministry of Science and Technology. The desired information is yet to be received from the Ministries of HRD and Science and Technology. The Committee directed the Ministry to give a part report in the matter.

(iv) USQ No. 3254 dated 30.08.2013 regarding 'CGHS Wellness Centre' (Sl. No. 4)

The Committee were informed that the Assurance pertains to the representations received regarding discrepancy in the grade pay of Radiographers and views of the Department of Personnel and Training were sought in the matter. There was some delay in furnishing the requisite information by the Department and it was only in May-June, 2014 that the Department of Personnel and Training stated that they

have nothing to do in the matter and the same may be taken up with the Department of Expenditure. When the matter was raised with the Department of Expenditure and on further examination it was found that the matter pertains to the Ministry of Health and Family Welfare only and there was no need for sending it to other Ministries. The Ministry admitted that giving higher pay to some Radiographers was a wrong action. Show cause notices have been issued to the radiographers who had inadvertently granted higher grade pay asking as to why their grade pay should not be correctly revised. The Ministry assured that they would correct the anomaly, fix responsibility on the persons concerned for the wrong doing and inform the Committee. The Committee directed the Ministry to ensure that no victimization of any individual takes place, accountability system is improved and the matter resolved within a time bound manner.

(v) USQ No. 1290 dated 18.07.2014 regarding 'Healthcare Scheme' (Sl. No. 5)

The Committee were informed that Health Assurance, a new scheme in the form of restructured RSBY/Rastriya Swasthya Suraksha Yojana has already been recommended by the Department of Expenditure. The proposal is under consideration and might take some time. The Ministry stated that consultations and deliberations in this regard are in full swing at the Department and GoM levels and the Assurance will be fulfilled very soon.

(vi) USQ No. 2353 dated 25.07.2014 regarding 'Medi-Claim Policy' (Sl. No. 6)

The Committee were informed that the matter relating to the Assurance required examination of all issues pertaining to introduction of Health Assurance Scheme in the Andaman & Nicobar Islands. The Administration has constituted a Committee with the condition to submit its report within one month. The Committee were further informed that the Administration of Andaman and Nicobar Islands had been requested 10 times to furnish the information for fulfillment of the Assurance and the same has been received and with this the Assurance has been fulfilled. The Committee directed the Ministry to lay an implementation report in the matter in the ensuing Session.

(vii) USQ No. 2433 dated 25.07.2014 regarding 'Corruption in Dental Council of India' (Sl. No. 7)

The Committee were informed that there are two individual cases in the matter. *i.e.*, one against the then President of DCI and the Awadh Dental College and Hospital, Jamshedpur (Jharkhand). The Vigilance Section of the Ministry was requested to furnish the status of the cases filed by CBI. However, the status remained unchanged as CBI has not yet furnished any report, highlighting any irregularity on the part of DCI or others. The Committee were also informed that CBI would be sending Self Contained Notes in the matter to the Ministry. The Committee were further informed that the Committee of Experts in the field of Dentistry has submitted its report which is under consideration with other stakeholders including State Governments. The Committee expressed their concern at the inordinate delay

in the investigation and directed the Ministry to forward all the important communications between CBI and the Ministry indicating follow-up action in the matter and ensure fulfillment of the Assurance in a time bound manner.

- (viii) USQ No. 2512 dated 25.07.2014 regarding 'Essential Drugs' (Sl. No. 8)**
- (ix) USQ No. 1034 dated 28.11.2014 regarding 'Essential Drugs' (Sl. No. 9)**
- (x) USQ No. 858 dated 27.02.2015 regarding 'Essential Medicines' (Sl. No. 10)**

The Committee were informed that the Core Committee constituted by Government for revision of the National List of Essential Medicines (NLEM) undertook nationwide consultations with stakeholders and submitted its report on 9 December, 2015 recommending that 376 medicines must be included in this list and the Ministry had notified the recommended medicines in the list. The Committee treated the 3 Assurances as fulfilled.

- (xi) USQ No. 4367 dated 08.08.2014 regarding 'Setting up of Hospital in Delhi' (Sl. No. 11)**

The Committee desired to know about the Implementation of the Assurance pertaining to the construction of Hospital in the National Capital Region of Delhi with an expenditure of 180 crore rupees. The Ministry informed the Committee that in 2008, it was planned to create a 200 bed hospital and a new Committee has been formed to redesign the project with the view to increasing the number of beds in the hospital and the Committee is expected to give its report by 31st March, 2016. Consequent upon the report of the Committee, the PWD Department will undertake the financial estimate of the project and thereafter tender would be floated and construction of the hospital would be started. The Committee expressed their displeasure at the fact that several communications made in this regard with the Government of NCT of Delhi have gone unnoticed and despite the inclination of the Union Government to provide financial support for promotion of health services in the NCT of Delhi, the Government of NCT of Delhi is not responding to the same. The Committee desired that the non-receipt of communications be investigated and the copies of the same furnished to the Committee.

2. The witnesses thereafter withdrew.
3. A verbatim record of the proceedings has been kept.

The Committee then adjourned.

ANNEXURE

(FROM 13TH SESSION OF 15TH LOK SABHA TO 2ND SESSION OF
16TH LOK SABHA)

Sl. No.	SQ/USQ No. dated	Subject
1.	USQ No. 1984 dated 08.03.2013	Commission for Human Resources in Health
2.	USQ No. 5143 dated 26.04.2013	Migration of Psychiatrists
3.	USQ No. 1615 dated 16.08.2013	Scholarship/Stipends to Medical Students
4.	USQ No. 3254 dated 30.08.2013	CGHS Wellness Centre
5.	USQ No. 1290 dated 18.07.2014	Healthcare Scheme
6.	USQ No. 2353 dated 25.07.2014	Medi-Claim Policy
7.	USQ No. 2433 dated 25.07.2014	Corruption in Dental Council of India
8.	USQ No. 2512 dated 25.07.2014	Essential Drugs
9.	USQ No. 1034 dated 28.11.2014	Essential Drugs
10.	USQ No. 858 dated 27.02.2015	Essential Medicines
11.	USQ No. 4367 dated 08.08.2014	Setting up of Hospital in Delhi

MINUTES

THIRD SITTING

**MINUTES OF THE SITTING OF THE COMMITTEE ON GOVERNMENT
ASSURANCES (2016-17) HELD ON 14 DECEMBER, 2016 IN
CHAIRPERSON CHAMBER'S ROOM NO. 133, PARLIAMENT
HOUSE ANNEXE, NEW DELHI**

The Committee sat from 1015 hours to 1050 hours on Wednesday, 14 December, 2016.

PRESENT

Dr. Ramesh Pokhriyal "Nishank" — *Chairperson*

MEMBERS

2. Shri Rajendra Agrawal
3. Prof. Sugata Bose
4. Shri Prahlad Singh Patel
5. Shri C.R. Patil
6. Shri Sunil Kumar Singh

SECRETARIAT

1. Shri R. S. Kambo — *Additional Secretary*
2. Shri S. L. Singh — *Deputy Secretary*

At the outset, the Chairperson welcomed the Members to the sitting of the Committee and apprised them regarding the day's agenda. Thereafter, the Committee considered and adopted the following seven (07) draft Reports without any amendment:

- (i) Draft 41st Report regarding review of pending Assurances pertaining to the Ministry of New and Renewable Energy.
- (ii) Draft 42nd Report regarding review of pending Assurances pertaining to the Ministry of Environment, Forest and Climate Change.
- (iii) Draft 43rd Report regarding review of pending Assurances pertaining to the Ministry of Health and Family Welfare (Department of Health and Family Welfare).
- (iv) Draft 44th Report regarding review of pending Assurances pertaining to the Ministry of Defence (Department of Defence).

- (v) Draft 45th Report regarding requests for dropping of Assurances (acceded to).
- (vi) Draft 46th Report regarding requests for dropping of Assurances (not acceded to).
- (vii) Draft 47th Report regarding review of pending Assurances pertaining to the Ministry of Law and Justice (Legislative Department).

2. The Committee also authorized the Chairperson to present the Reports during the current session of the Lok Sabha.

The Committee then adjourned.

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